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To:	Company:	Fax Number:	Tel Number:
Examiner:	U.S. Patent and Trademark Office	571 - 273 - 8300	
I. M. Soward		Art Unit 2822	

From: Dariush G. Adli

For internal purposes only: Please Return Fax to Rosa V.

Date: September 26, 2006

Client number: 88519.0002

Time:

Attorney billing number: 5214

Total number of pages incl. cover page: 13

Confirmation number:

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MESSAGE:**RE: U.S. Patent Application Serial No.: 10/763,137; Our Ref. 88519.0002**

I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter.
- ☒ Amendment

September 26, 2006

Date of Deposit


Firoozeh Vakilzadeh

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SEP 26 2006

In re application of:

Ken NAKAHARA

Serial No: 10/763,137

Confirmation No: 6402

Filed: January 21, 2004

For: GaN System Semiconductor Light Emitting Device
Excellent in Light Emission Efficiency and Light
Extracting Efficiency

Art Unit: 2822

Examiner: Ida M. Soward

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450, on

September 26, 2006

Date of Deposit

Firoozeh Vakizadeh

Name

Firoozeh Vakizadeh

9/26/06

Signature

Date

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-	20	0	LG=\$50 SM=\$25	\$	\$ 0
INDEPENDENT CLAIMS FEE	5	-	3	2	LG=\$200 SM=\$100	200.	\$ 400.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$
TOTAL							\$ 400.

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ Please charge our Deposit Account No. 50-1314 in the amount of \$400.00 to cover the extra claims fee. A copy of this sheet is enclosed.

☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Darius G. Adli
Darius G. Adli

Registration No. 51,386

Attorney for Applicant(s)

Date: September 26, 2006

1999 Avenue of Stars, Suite 1400

Los Angeles, California, 90067

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Appl. No. 10/763,137
Amendment Dated September 26, 2006
Reply to Office Action of June 26, 2006

Attorney Docket No. 88519.0002
Customer No.: 26021

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In re application of:

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September 26, 2006
Date of Deposit
Firoozeh Vakilzadeh
Name
Signature Date 9/26/06

AMENDMENT UNDER 37 C.F.R. § 1.116

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 26, 2006, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks begin on page 7 of this paper.

09/27/2006 TL0111 00000030 501314 10763137
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